LOBBYIST MONTHLY REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) $\begin{array}{c} Page \underline{\hspace{0.5cm}} of \underline{\hspace{0.5cm}} Page(s) \\ \text{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

06 MAR -6 AM 10: 54

(Type or print clearly in black ink)

See instruction	s at bottom of page	0.049		3.1.1	TOARD		
Lobbyist's name and permanent busin	ess address	HE HE	Date prepared	Perio	Period covered		
Frant Burgoy	ne		3/4/06	_	month ending		
Frant Burgoy O. Box 1743			during the second	(M	fo.) (Day) (Yr.)		
Boise, ID 83701		10 11 12 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		ő	1 1		
Item Totals of all reportal	ble expenditures made o	r incurred by Lobby	ist or by Lobbyist's Em	ployer on behalf of Lo	bbyist's Employer.		
Category of Expenditure Reimbursed Personal Living and Travel		Proportionate amounts contributed by each employer (Identify employers, under (tem 3, at bottom of page.)					
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No.		Employer No. 3	Employer No. 4		
Entertainment Food and Refreshment	s <u>O</u>	\$	s	\$. \$		
Living Accommodations	0			_	-		
Advertising				_	_		
Travel							
Telephone	0		Experience of the second				
Other Expenses or Services	0						
Total	\$	\$	_ s	_ \$	\$		
*When the number of employer					be entered on Page 1.		
Item The totals of each expendence			CONTRACTOR	of public office. s of Legislators & Public	Officials in Group		
2 Date	Place	Ain	ount Name	o to tregionators ex a monte	Officials in Group		
		No					
		No					
			1.0				
Continued on attached page(s)	ı					
INS		Item Employer(s) Name(s) and Address(es)			
		100000000000000000000000000000000000000	Idaho a	ssisted Liv	ing association		
Who should file this form: A 67-6617 Idaho Code.	under Section	No.1 838 La C	assia #200	, Boise, ID 83705			
Filing deadline: Monthly re month for activities of the pas	0) days of the	No.2					
	Ben Ysursa		No.3				
PC Boise,	retary of State D Box 83720 , ID 83720-0080		No.4				
Phone: (208) 334	-2852 Fax: (208) 334-2	2282					

Item	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or inta									
4										
	D	ate	Amount			Name of Legislator Receiving	or Bene	itited		
			None							
ltem	_		–	tion, the number of the Senate r legislative activity in which	LEGISLATIVE SUBJECT IDENTIFICATION					
5			as supporting or o	•	Code	Subject	Code	Subject		
Subject (from		-	solution or Other ive Ident. Number	1	01	Agriculture, horticulture, farming, and livestock	17	Health service, medicine, drugs and controlled substances, health		
					02	Amusements, games, athletics and sports	18	insurance, hospitals Higher education		
17		60	10322		03	Banking, finance, credit and	19	Housing, construction, codes		
31					04	investments Children, minors, youth,	20	Insurance (excluding health insurance)		
•					"	senior citizens	21	Labor, salaries and wages,		
	- 1				05	Church and religion Consumer affairs	22	collective bargaining		
	- 1				06	Ecology, environment, pollution,	22	Law enforcement, courts, judges, crimes, prisons		
						conservation, zoning, land and	23	License, permits		
	İ					water use	24	Liquor		
			ļ		08	Education Elections, campaigns, voting,	25	Manufacturing, distribution and services		
					10	political parties Equal rights, civil rights,	26	Natural resources, forest and forest products, fisheries, mining		
					١	minority affairs	27	and mining products		
					11	Government, financing, taxation, revenue, budget,	27 28	Public lands, parks, recreation Social insurance, unemployment		
						appropriations, bids, fees, funds		insurance, public assistance,		
	- 1				12	Government, county Government, federal	29	workmen's compensation Transportation, highways,		
	- 1				14	Government, municipal		streets and roads		
					15 16	Government, special districts Government, state	30	Utilities, communications, televisions, radio, newspaper,		
							31	power, CATV, gas Other (please specify)		

ANByre \$ 3/6/06
Lobbyist signature Date

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.